

**POWER OF ATTORNEY
 and
 CORRESPONDENCE ADDRESS
 INDICATION FORM**

Application Number: 10/599,465
 Filing Date: 3-31-04
 First Named Inventor: CHO, Yong-Ju
 Title: Polypeptide Inducing the Secretion
 Art Unit:
 Examiner Name:
 Attorney Docket Number: UN2004

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioner associated with the Customer Number:

27187

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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Address

City

State

Zip

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Telephone

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I am, tho:

☒ Applicant/inventor.

☐ Assignee of record of the entire interest. See 37 CFR 2.71.
 Statement under 37 CFR 2.73(b) is enclosed. (Form PTO/SB/99)

SIGNATURE of Applicant or Assignee of Record

Signature

[Signature]

Date

20 Nov 2006

Name

KIM, Doo-Sik

Telephone

Title and Company

NOTE: Signatures of all the inventor or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of four forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 123 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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 INDICATION FORM**

Application Number	10/599,465
Filing Date	3-31-04
First Named Inventor	CHO, Yang-Je
Title	Polypptide Inducing the Secretion
Art Unit	
Examiner Name	
Attorney Docket Number	ON20004

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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Address

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Zip

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of two or more interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/R1)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Title and Company

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ "Total of four forms are submitted"

This collection of information is required by 37 CFR 1.51, 1.52 and 1.53. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.11 and 1.14. This collection is estimated to take a minutes to complete, including gathering, preparing, and submitting the completed application forms to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1600, Alexandria, VA 22313-1600. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

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